

Date: _____

NOTIFICATION LETTER FOR FREE/REDUCED PRICE MEALS

Dear _____:

Your application for free/reduced price meals has been:

- _____ Approved for free meals
- _____ Approved for reduced price meals
- _____ Denied for the following reason(s): _____

- _____ Income is over the allowable amount
- _____ Incomplete application. The following information is missing:

- _____ Other: _____

If you do not agree with the decision, you may discuss it with the designated school official and you have the right to a Fair Hearing. This can be done by calling or writing the following official:

Name: _____
Address: _____
Phone: _____

If you are not eligible now but have a decrease in household income or have an increase in family size, fill out an application at that time. If you become unemployed, your children may be able to get free or reduced price meals during the time you are unemployed.

You may reapply for benefits at any time during the school year.

Sincerely,

Name: _____ Title _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 90250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear _____:

Your application for free or reduced price school meals for your child(ren) has been:

_____ Approved for free meals

_____ Approved for reduced-price meals at \$_____ for lunch, \$_____ for breakfast, and \$_____ for snacks.

_____ Approved temporarily for free meals based in zero income. Reapplication must be made on _____ for an extension of eligibility.

Denied for the following reason(s):

_____ Income over the allowable amount

_____ Incomplete application

_____ Other _____

If you do not agree with the decision, you may discuss it with the school.

If you wish to review the decision further, you have a right to a Fair Hearing. This can be done by calling or writing the following official

Name: _____

Address: _____

Toll-Free/Collect/Local Phone Number: _____

If you are not eligible now but have a decrease in household income, become unemployed or have an increase in family size, fill out an application at that time.

Sincerely,

Name

Title

Date

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